

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044242

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10702

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 19 1962

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louisc. CITY  
OR  
TOWN NormandyInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION DOA City HospitalInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
5501 Holborn DriveReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

George

Middle

W.

Last

Gaskill

4. DATE  
OF  
DEATHMonth  
Nov.Day  
5Year  
19625. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
12-9-229. AGE (last birthday)  
39IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Truck Driver10b. KIND OF BUSINESS OR INDUSTRY  
Industrials Sugars11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

George Gaskill

13b. MOTHER'S MAIDEN NAME

Margaret (Unknown)

14. NAME OF HUSBAND OR WIFE

Mary E. Gaskill

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes WW 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

5501

Mrs. Mary E. Gaskill, Holborn Dr.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO

Hemothorax, Bilaterally; Fractured ribs;  
Compound fracture right ankle; Shock; suffered when  
car operated by deceased went out of control on  
Highway #70 near 6th Street overpass, on Nov. 5th  
1962.

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See Above

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.  
? 11-5-6220d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)  
Highway 25

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

St. Louis, Missouri

21. I attended the deceased from

10:00 P

Death occurred at

to \_\_\_\_\_ and last saw her  
him alive on \_\_\_\_\_  
on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

22a. SIGNATURE  
Joseph M. Leman

23b. DATE

11-8-62

23c. NAME OF CEMETERY OR CREMATORY

Lakewood Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Mo.

24. FUNERAL DIRECTOR

ADDRESS

Drehmann-Harral, 1905 Union Blvd.

25. DATE RECD. BY LOCAL REG.

NOV 7 1962

26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

City Coroner

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Albert R. Thompson*

Licensed Embalmer No. 4237

P. O. Address H. J. Lewis

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.